



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division – Tax Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998 Fax: (602) 364-3989

PREMIUM RECEIPTS TAX RETURN OF INDUSTRIAL INSURED

THIS RETURN AND TAX PAYMENT ARE DUE BY MARCH 1 FOLLOWING THE TRANSACTION CALENDAR YEAR END

NAME OF INDUSTRIAL INSURED Filing Return (See Form E-INDINS.INSTRUCTION)

ENTER CALENDAR YEAR OF THIS RETURN:

INSURED'S COMPLETE BUSINESS ADDRESS AND PHONE NUMBER (See Instruction 4)

Column A Policy Number	Column B Name & Business Address of Unauthorized Insurer (See Instruction 5)	Column C Type of Insurance and Description of Coverage	Column D Effective Date	Column E Expiration Date	Column F Date Premium Charged (See Instruction 6)	Column G Gross Premium Charged (See Instruction 7)	Column H Premium Allocated to Arizona Risks or Exposures (See Instruction 8)			
							*	Code #	%	Amount

Column G Total: \$ _____ Column H Total: \$ _____

Code # Column - Apportionment Standards and Code Letters
(See Instruction 8 and Form E-INDINS.ALLOCATION)

EP = % of Employee Payroll in Arizona

PA = % of Physical Assets in Arizona

S = % of Sales in Arizona

TI = % of Taxable Income in Arizona for State Income Tax Purposes

Line 1: Taxable Arizona Premiums = Column H Total : \$ _____
[II Gross / Tax]

Line 2: Tax Due = 3% (0.03) of amount entered on line 1 above: \$ _____
Make check payable to ARIZONA DEPARTMENT OF INSURANCE [Pay Code 08]
MAIL ALL FORMS WITH CHECK TO ADDRESS SHOWN ABOVE

I, the undersigned, am an officer of, or am authorized to act for, the Insured and do hereby certify that the above is a true, correct and complete return by the named Insured of all insurance procured or renewed with an unauthorized or non-admitted insurer during the calendar year stated above, that includes coverage for risks or exposures wholly or partially located in Arizona and that I have endeavored to equitably allocate the portion of premiums applicable to the State of Arizona as presented in Form E-INDINS.ALLOCATION, which, if applicable, is attached to this return.

Name of Organization or Entity

By: _____
Signature

Date of Signing (See Instruction 10)

Type or Print Name and Title (See Instruction 10)

ATTACH COMPLETED, SIGNED AND NOTARIZED FORMS E-INDINS.ALLOCATION AND E-INDINS.CERTIFICATION TO THIS RETURN